

100 3-5° pulse 124, respirations 32. This man received 1-4 grain of morphine every four hours for five days, then 1-16 grain for one day, when it was stopped. He made a perfect recovery.

*Case VII.* W. D. A., aged 26 years, was admitted 2nd September, 1901, with general peritonitis from a perforated appendix. The pelvis and small intestine area contained quantities of sero-pus giving mixed bacilli on culture. There was acute inflammation and thickening of a portion of the omentum. On admission the temperature was 101 1-5° F., pulse 100, respirations 20. For two days he received morphine grain 1-4 every twelve hours, and one dose on the third day and one on the fourth. A moderately severe attack of bronchopneumonia developed, but he made an excellent recovery.

*Case VIII.* M. J., aged 20 years, was admitted on the 18th September, 1901, with general septic peritonitis from a perforated and gangrenous appendix. There were areas of superficial sloughing over the base of the cæcum, and the abdomen and pelvis were filled with a large quantity of greenish pus. On admission the temperature was 99°, the pulse 100, and the respirations 28. Operation was performed about four hours after perforation had occurred. Pus from the abdomen was found to contain apparently a pure culture of the colon bacillus. Stomach lavage was performed while on the operating table and he was given, during the 48 hours immediately subsequent to operation, 1-4 grain of morphine every four hours. On the third day he received only 1-4 grain of morphine, and the same on the fourth. He made a most satisfactory recovery.

I have given only a brief outline of these cases. The toilet in all of them was as thorough as circumstances permitted. They were given little or nothing by the mouth and were fed at regular intervals by nutrient enemata.

I do not claim that any of these cases that recovered would have died if morphine had not been administered. These cases, however, eight in number, were of that class that give a high rate of mortality; yet of the eight, five recovered and three died, a mortality of 37½ per cent. I am of the opinion that without the aid of morphine the death rate would have been larger. I think we would do well to use morphine more than has been the custom of late years.

The points in treatment that I wish to emphasize are:—

A careful selection of cases for operation under general anæsthesia and a more frequent employment of local anæsthetics.

Exclusively rectal feeding, and

A judicious use of morphine after operation, or after symptoms of